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APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date 4-7-83		Div. of Mental Health & Mental Retardation Administrative Services Section Management Information Systems Unit Floyd Building - East Tower - 10th Floor 2 MLK Drive SE: Atlanta, Ga. 30334		Application Number 73-432-A	
Application Number 4-83-4				Date Received APR 7 1983	
				Date Completed APR 29 1983	
2. Person to Contact Jane Martin Alan Ziglin		Working Title Operations Analyst Assoc. Unit Chief		Telephone Number 656-7178 656-7178	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 73-432-A Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void Change Records Cut Off Change Retention Period					
4. Dates of Series Earliest Latest		5. Records Series Title (followed by title used in office, if different) Alcohol and Drug Abuse Client and Program Medical Records File			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: (include form numbers and titles, if any) Included are: (include form numbers and titles, if any) File is arranged:					
8. Monthly Reference Rate One to six months old <u>4</u> ; Seven to twelve months old <u>1</u> ; Thirteen to twenty-four months old <u>0</u> ; twenty-five months and older <u>0</u> ? How often are records referred to which are:					
9. Annual Rate of Accumulation or Records Letter-size drawers ; Legal-size drawers ; Shelves ; Other (Specify) 32 cubic feet					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements The following requires the series to be kept:

- | | |
|---------------------------------------|--|
| a. State Law _____ years. | d. Audit period _____ years. |
| b. Statute of limitation _____ years. | e. Administrative need _____ years. |
| c. Federal law _____ years. | f. Federal retention instructions _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

(Record Copy)

(Maintained by MH/MR Management Information Systems Unit)

Cut off file quarterly; hold in current files area 6 months; transfer to State Records Center; hold 2 years; then destroy.

(Reference Copy)

(Maintained by Midtown Intake Center and Drug Treatment Centers)

Cut off file at the end of each calendar year; hold in current files area 1 year; then destroy.

(Maintained by MH/MR Inquiry Module)

Shred previous weekly report upon receipt of current weekly report.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Alon L. Ziglin</i>	4/1/83	<i>Paul V. Murphy</i>	4/7/83
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		<i>Edward Weedon</i>	4/25/83
		<i>Edward Weedon</i>	4/20/83
		<i>Edward Weedon</i>	4/27/83

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date October 27, 1978 Application Number DHR-96		1. Department Address Georgia Dept. of Human Resources/ Division of Mental Health & Mental Retardation/ Alcohol & Drug Abuse Services Section, 2nd Floor - 618 Ponce de Leon Ave., N. E. - Atlanta, Ga. 30303		ARCHIVES AND HISTORY Application Number 73-432-A Date Received OCT 30 1978 Date Completed DEC 6 1978	
2. Person to Contact Ms. Mable Cain		Working Title Metro Support Service Coordinator		Telephone Number 894-5044	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 73-432-A Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series Earliest 1971 Latest to date		5. Records Series Title (followed by title used in office, if different) Alcohol and Drug Abuse Client and Programs Medical Records Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Mental Health and Mental Retardation administers the programs for mental health, mental retardation, and other developmental disabilities; alcohol and drug abuse; and conducts training and research. This Division is also concerned with community mental health, and the administration of the State mental hospitals; and rehabilitation and retardation centers State-wide. The Alcohol & Drug Abuse Services Section is responsible for providing program guidance and direction to all alcohol and drug abuse programs in the State. These services include the methadone treatment programs; the administration of treatment centers which include counseling, vocational rehabilitation services, and job placement; alcohol and drug abuse research and evaluation; and contract services to non-governmental drug centers.					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: maintaining a weekly report of patient activity for all patients receiving treatment from the Alcohol and Drug Abuse Program. Included are: computer input and output documents, including form 1111 (9-72) [Drug Administration Record] which gives patient name, number, mg. dose, date, and person administering; ODA-10 (new no. 1110) [Methadone Inventory Record] shows name of center and date, mg. dose, beginning on-hand, number received, total on-hand, signature of person accepting; ODA-12 (new no. 1112) [End-of-Day Balance Worksheet] shows actual beginning mg. doses on hand, actual ending doses on-hand, difference, number doses given per narcotics book, and number given per trans. forms; [Methadone Dosage & Pick-up Schedule] is a worksheet on which is entered information which will result in various computer printouts, such as: patient name, File is arranged: by month; thereunder, by printout title.					
8. Monthly Reference Rate One to six months old 2 ; Seven to twelve months old 12 ; Thirteen to twenty-four months old 20 ; twenty-five months and older ?					
9. Annual Rate of Accumulation or Records Letter-size drawers 60 ; Legal-size drawers ; Shelves ; Other (Specify) State-wide					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? applicable portions in various Treatment Centers State-wide.
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 7 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Confidentiality of Patient Records - Federal Register 7/1/75 Sec. 408. and Ga Health Code, Par. 88-502.10 (Code Section 34-418(5)).
Selected information from Medical Chart and the Methadone Dosage Pick-up Schedule.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other see below then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Magnetic Disk Pak (maintained in DOAS Data Center)

Update disk pak on weekly basis; erase obsolete or superceded information as required.

Midtown Intake Center & Drug Treatment Centers

Cut off file at end of each calendar year; hold in current files area 1 year; transfer to State Records Center; hold 6 years; then destroy.

Error, edit and preliminary computer printouts generated by DOAS and containing confidential client information will be destroyed by shredding.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
John H. Majell	10/26/78	Elizabeth W. Crank, CRM	10/3/78
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	12-5-78
		Secretary of State/Designee	12-4-78
		Attorney General/Designee	12-5-78

Application for Records Retention Schedule

Alcohol and Drug Abuse
Client and Programs Medical Records Files

- 3

Continuation page

7. patient I.D. number, medication status, time methadone administered, actual dosage dispensed, center, clinic, and week; and computer printouts: DASS Patient Census Listing, Admission File Listing (by date) and Post-Admission Transactions by Admission Code.



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date November 17, 1975	INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-15		Date Received DEC 12 1975	Application No. 73-432A
3. Department of Human Resources Division of Mental Health and Mental Retardation Alcohol and Drug Abuse Service Section 615 W. Peachtree Atlanta, Georgia 30334		4. Person in Contact <i>Jane Campion</i> Jane Campion	Date Completed DEC 22 1975
		5. Working Title Director	6. Tel. No. 894-4785

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1973-Present	9. Exact Series Title To amend Standard #73-432 Alcohol and Drug Abuse Client Weekly Activity Files
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10. What is the function of the office in which this record series is created?

The Division of Mental Health and Mental Retardation administers the mental health, mental retardation and other developmental disabilities, drug abuse, alcoholism, and training and research programs. This Division is also concerned with community mental health, and the administration of the State mental hospitals, rehabilitation and retardation centers.

Alcohol and Drug Abuse Services Section is responsible for providing program guidance and direction to all alcohol and drug abuse programs in the State. Also, the staff of this Section currently operate several alcohol and drug treatment centers in the State, most of which are in the Metropolitan Atlanta area.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to maintaining a weekly report of patient activity for all patients receiving treatment from the alcohol and drug abuse program

Included are computer printouts in various formats identifying the number of patients for that week, number of new patients, patients terminated, patient's absentee record, number of client transactions, scheduled counseling sessions, urinalysis scheduling, doctor visits, methadone dosage and other related information.

File is arranged chronologically by week, thereunder in various formats such as numerically by patient I.D. number, or alphabetically by patient name or numerically by alcohol and drug treatment center thereunder by patient's name and I.D. number.

ATTACH SAMPLES OF THE FILE

EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers				5	7.5
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)
Estimated State-Wide	30	50		This Year's	Last Year's
			AVERAGE DAILY REFERENCES	Preceding Year's	All Prior Years
				10	5
				1	0

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ ☐
14. Is there a duplication of this series in another office or agency? ☒ ☐
Applicable copies are sent to Alcohol and Drug Treatment Centers.
15. Is the information contained in this series ever summarized or published? ☐ ☒
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☒ ☐
Confidential Patient-Client personal and medical information.
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ ☒
18. Could the function be performed if the files were lost or destroyed? ☒ ☐
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ ☒
20. Does the record series provide data as input to an EDP file? ☐ ☒
21. Does the record series contain documentation produced as EDP printout? ☐ ☒
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☒ ☐
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ ☒

24. REQUIREMENTS. The following requires the files to be kept 3 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☒ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

Federal Register, Vol. 40, no. 47, March 10, 1975, page 11269, paragraph 2.33 Hospitals and other authorized dispensers of methadone. "To maintain clinical record for each patient showing dates, quantity, and batch or code mark of drug dispensed."

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☐ FISCAL YEAR ☒ OTHER see below, then:

- ☐ Hold in the current files area month(s)/ year(s):
- ☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold year(s):
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Destroy immediately after cut-off.
- ☐ Other: (Specify)

See Attached Sheet

(Indicate briefly rationale for recommendations above/or write additional remarks):

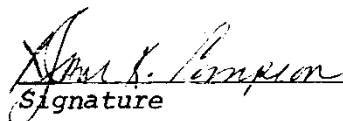
<p>Records Management Officer (Signature) <u>William J. McJannet</u> Date <u>12-11-75</u></p>	<p>OTHER REQUIRED SIGNATURES</p>	<p>DATE</p>								
<p>26. Recommendations in paragraph 25 are:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>Agency Head/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> </td> <td style="width: 50%;"></td> </tr> <tr> <td> <p>State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> </td> <td> <p><u>William M. Dign...</u> 12-17-75</p> </td> </tr> <tr> <td> <p>Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> </td> <td> <p><u>Carroll Hart</u> 12-16-75</p> </td> </tr> <tr> <td> <p>Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> </td> <td> <p><u>M. J. Hall</u> 12-19-75</p> </td> </tr> </table>		<p>Agency Head/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p>		<p>State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p>	<p><u>William M. Dign...</u> 12-17-75</p>	<p>Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p>	<p><u>Carroll Hart</u> 12-16-75</p>	<p>Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p>	<p><u>M. J. Hall</u> 12-19-75</p>
<p>Agency Head/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p>										
<p>State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p>	<p><u>William M. Dign...</u> 12-17-75</p>									
<p>Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p>	<p><u>Carroll Hart</u> 12-16-75</p>									
<p>Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p>	<p><u>M. J. Hall</u> 12-19-75</p>									
<p>STATE RECORDS COMMITTEE</p>										

Department of Human Resources
Division of Mental Health and Mental Retardation
Alcohol and Drug Abuse Service Section
615 W. Peachtree
Atlanta, Georgia 30334

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Alcohol and Drug Treatment - Destroy upon receipt of next updated weekly activity report or when report is no longer needed for reference. Destroy by shredding or comparable destruction.


Signature (X) Approved
() Disapproved

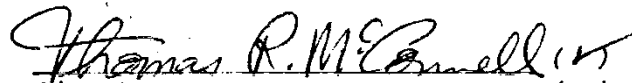
Central Office Copy

- Cut-off file at the end of the fiscal year; hold in current files area for 1 year; then transfer to State Records Center; hold for 2 years, then destroy.

Magnetic Disk Pak

- Maintained in DOAS Data Center; Update disk pak on a weekly basis; erase obsolete or superceded information as required.

- Error, edit and preliminary computer printouts generated by DOAS and containing confidential client information will be destroyed by shredding.


Signature (X) Approved
() Disapproved



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date 5-15-73		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed JUN 22 1973 73-432 JUN 28 1973	
2. Agency Application No. DHR-DASS-3		3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Mental Health Drug Abuse Service Section 615 W. Peachtree Street Suite 901 Atlanta, Georgia 30334		4. Person to Contact Mr. Robert Cleveland	
				5. Working Title Deputy Director	
				6. Tel. No. 656-1768	
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1971 - present		9. Exact Series Title Client Transaction Form Files			
10. What is the function of the office in which this record series is created? The Drug Abuse Service Section, under the control of the Director, is responsible for the administration and supervision of the Mental Health Programs for the control of Drug Abuse for the State of Georgia. Included are (1) the Methadone Treatment Programs, (2) the administration of treatment centers which include counseling, VR Services and job placement, (3) drug research and evaluation, (4) drug information center, and (5) contract services to non-governmental drug centers.					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to the treatment of a client. This includes, but is not limited to, schedules for counseling, urinalysis scheduling, doctor visits, methadone dosage and related papers. File is arranged numerically by patient number on a daily basis.					
ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers				15 30	
Legal-size File Drawers				Floor Space Occupied (Square Feet)	
				In Office(s) In Storage Area(s)	
				This Year's Last Year's Preceding Year's All Prior Years	
Estimated State Wide EXHIBIT Basis		50	75	AVERAGE DAILY REFERENCES Program only 2yrs. old	
				10 5 - -	

QUESTIONNAIRE

Place an "x" in the proper column. If answer is "YES," please explain

YES

13. Is this the Record Copy of the series? [X] []
14. Is there a duplication of this series in another office or agency? [] [X]
15. Is the information contained in this series ever summarized or published? [] [X]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? [X] []
17. Does the series initiate, amend or terminate agency policies and procedures? [] [X]
18. Could the function be performed if the files were lost or destroyed? [X] []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? [] [X]
20. Does the record series provide data as input to an EDP file? [X] []
21. Does the record series contain documentation produced as EDP printout? [X] []
22. Has the Federal Government issued instructions governing the retention/disposition of these files? State Pharmacy Laws Page 57 Section 79A-907(e)(i) [X] []
23. Will there be a need for these records 10, 15 years from now? If yes, what? [] [X]

24. REQUIREMENTS. The following requires the files to be kept 3 years:

- a. ☒ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☒ FEDERAL LAW e. ☐ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

State Pharmacy Laws Page 57 Section 79A-907(e)(i)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ CALENDAR YEAR ☐ FISCAL YEAR ☒ OTHER quarterly, then:

- ☐ Hold in the current files area month(s)/ year(s):
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 3 year(s):
☒ Destroy. by shredding if possible
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)		Date	OTHER REQUIRED SIGNATURES		DATE
<div style="border: 1px solid black; padding: 2px;"> 26. Recommendations in paragraph 25 are: </div>		<div style="border: 1px solid black; padding: 2px;"> Douglas M. Hays </div>	<div style="border: 1px solid black; padding: 2px;"> Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div>	<div style="border: 1px solid black; padding: 2px;"> State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div>	<div style="border: 1px solid black; padding: 2px;"> Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div>
<div style="border: 1px solid black; padding: 2px;"> STATE RECORDS COMMITTEE </div>		<div style="border: 1px solid black; padding: 2px;"> Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div>	<div style="border: 1px solid black; padding: 2px;"> William M. Dixon Carroll Hart Robert J. Helle </div>		<div style="border: 1px solid black; padding: 2px;"> 6-14-73 6-26-73 6-22-73 6-26-73 </div>